TRAUMA ADVISORY COUNCIL
January 24, 2008
Minutes

Members Present:
Dr. Doug Norcross (Chairman)
Dr. James Foster
Dr. Raymond Bynoe
Dr. Paul Banish
Ms. Terri Schumpert
Dr. Lars Reinhart
Ms. Nancy Owens
Ms. Kelly Hawsey (Dozier Shaw)
Cathie Osika-Landreth
Dr. Troy Privette
Dr. John Davies
Dr. Linda Veldheer
Ms. Tara Devido

Others Present:
Mr. Greg Kitchens
Wilma Bocanegra
Dr. Mark Reynolds
Mr. Alonzo Smith
Dr. Mark Jones
Christina Grice
Carol Ann Dean
Melanie Stroud
Debbie Couillard
Jeannette Summers
Tammy Allison
Shannon Spach
Lisa Norton
Diane Howell
Brenda O'Connell

Agenda Items		**Motions/Actions Taken**
Call to Order	The meeting was called to order at 10:00 am.	
August 23, 2007 Minutes	Dr. Norcross asked if there were any comments on the October 25, 2007 minutes.	A motion was made to approve the October 25, 2007 minutes. The motion was seconded. The motion was approved.
Committee Reports: Chairman's Report	There were no Chairman's reports.	
Trauma Registry/SMARTT Update	Mr. Greg Kitchens stated that Mr. Katrina Gary has completed all the initial training of trauma centers on the SMARTT (State Medical Asset Resource Tracking Tool) system and that she will begin training of EMS Providers on the SMARTT system. Ms. Cathie Osika-Landreth stated that trauma centers should be ready to start dumping registry information around the Fall of this year. This information can be dated back as far as 2006.	
Trauma Regulations	Mr. Greg Kitchens stated that the regulations were presented and approved by the DHEC Board on January 10, 2008.	

	The next phase is to go back and make adjustments based on recommendations made thus far. Mr. Kitchens stated that he is still taking comments or request for changes until February 29, 2008. Mr. Kitchens also stated that there will be a staff informational forum on February 29, 2008, at 10:00 a.m. at Peeples Auditorium at DHEC Headquarters on Bull Street. Mr. Kitchens said that he will be sending out updates of changes made to the regulations. He also asked that all recommendations to the regulations be made in writing, via e-mail, fax, or bring these to the trauma informational forum on February 29th. This will end all recommendations for changes regarding the regulations, as mandated by law. Mr. Kitchens stated that he will make any appropriate additional changes recommended at the staff informational forum and will again present the regulations to the DHEC Board on April 10, 2008. Mr. Kitchens also stated that on this date, there will be a public hearing of the DHEC Board. If the regulations are approved at this meeting, they will go to the Legislative Council. He stated that he is uncertain if they will make it through. Mr. Alonzo Smith stated that he feels this document will lay a good foundation in the	

	regulations process. Mr. Kitchens thanked all that sent in their comments and suggestions. He also asked everyone to keep sending in these comments and suggestions as they have been very helpful in getting these regulations approved.	
Trauma Promotions Subcommittee Report	Mr. Greg Kitchens stated that the last meeting of the trauma promotions subcommittee was on January 7, 2008. The purpose of this meeting was to discuss funding. He stated that there are some entities that want to provide some trauma funding, however; the subcommittee cannot received this funding because it is attached to the Trauma Advisory Council, who in turn, is attached to the Department (DHEC). Mr. Kitchens stated that to remedy this problem; the trauma promotions subcommittee has to be detached from the Trauma Advisory Council. He stated that Mr. Jim Walker, of the Hospital Association has agreed to sponsor the trauma promotions subcommittee if it is separated from the Trauma Advisory Council. Mr. Kitchens encouraged anyone interested in becoming a member of the trauma promotions subcommittee to come to the next scheduled meeting. He also stated that the trauma promotions subcommittee will	A motion was made to dissolve the Trauma Promotions Subcommittee as a subcommittee of the Trauma advisory Council. The motion was seconded. The motion was approved.

	function much like the EMS PIER Team. This is a separate, independent group that acts as a promotion entity for EMS. Mr. Kitchens stated that members of the Trauma Advisory Council can participate as a member of the trauma promotions subcommittee and that the subcommittee may move future meetings to the SCHA.	
EMS Advisory Council Report	Mr. Alonzo Smith stated that the State Medical Control Committee reviewed the issue of intubation and went on record as approving intubation at the basic and intermediate level. Mr. Smith also stated that research by Dr. Wang, who is noted in the area of intubation, also concluded that intubation is not as efficient as once thought. Mr. Smith reported that, because of the concerns expressed about pre-hospital intubation by medical control committee members, the Medical Control Committee had reported out a motion to the EMS Advisory Council that the skill of endotracheal intubation be restricted to the paramedic level only. He said that this motion was debated by the council and an amended motion was presented that would restrict the endotracheal intubation skill to the EMT-Intermediate and Paramedic	

	levels. The amended motion was approved by the EMS Advisory Council. Mr. Smith said that the Division of EMS and Trauma will take the recommendation to the council under advisement and will make a decision after further consultation with the Medical Control Committee. Mr. Smith stated that the EMS Advisory Council approved Tetra Caine Ophthalmic Drops, Zofran Lopressor and Fentanyl. These drugs were then taken to the DHEC Board for approval. The Board approved Tetra Caine Ophthalmic Drops, and Zofran Lopressor, but did not approve Fentanyl. Mr. Smith informed the Council that the Division of EMS and Trauma will be moving back to the Heritage Building in the near future. He also stated that Ms. Carol Yarborough has been hired as the new EMSC Program Coordinator. Mr. Smith stated that the Division was successful in getting the grant from Duke Endowment for the NEMSIS (National EMS Information System) project. Mr. Smith also said that this grant is for two years, after which his main focus will be sustainability. This is a national program that identifies and captures all core elements that are necessary on a patient's	

	care report that medics are currently using in the field. There are also additional data elements that can be tailored to specific State needs.	
TASC Report	Ms. Cathie Osika-Landreth stated that the November 2007 trauma symposium was very successful. Mr. Carol Ann Dean reported that one of the highlights of the symposium was the gang presentation from the sheriff's department. Next year's trauma symposium will be November 12-14, 2008. Ms. Osika-Landreth also stated that they would like more involvement from EMS.	
Triage Guidelines	Mr. Greg Kitchens stated that an issue came up with one of the triage guidelines that were approved by the Trauma Advisory Council. These issues centered on areas that do not have trauma centers close by, but does have a non-designated hospital close by. Mr. Kitchen recommended adding the following statement: **"If ground transport time exceeds thirty minutes and no air transport is available, the crew should contact online medical control for appropriate transport**	A motion was made to approve the recommended change to the triage guidelines. The motion was seconded. The motion was approved. **This item will be put on the agenda for the next meeting of the Trauma Advisory Council.**

	destination."	
Level I Trauma Center EMS Education	Dr. Norcross stated that EMS is having trouble finding facilities to train paramedics. Dr. Norcross stated that Dr. DesChamps would like a criteria added to level I trauma centers that would include participation in EMS education.	
ACS Book Criteria/Level III	Changes recommended for Level III trauma centers are as follows: **2.7 As reads:** 80% compliance of the surgeon's presence in the emergency department is confirmed or monitored by PIPS (30 minutes) **Changed to read:** 100% of highest-level trauma alert cases with general surgeon arrival time > 30 minutes are monitored **by the PIPS** program. (**Time from call after patient arrival.)** **2.14 As reads:** Trauma Surgeons in adult trauma centers that treats more than 100 injured children are credentialed annually for pediatric trauma care by the hospital's credentialing body. **Changed to read:** Trauma Surgeons in adult trauma centers that **admits** more than	

	100 injured children are credentialed annually for pediatric trauma care by the hospital's credentialing body. **2.15 As reads:** The adult trauma center that treats more then 100 injured children annually has a pediatric emergency department area, a pediatric intensive care area, appropriate resuscitation equipment, and pediatric specific trauma PIPS program. **Changed to read:** The adult trauma center that **admits** more then 100 injured children annually has a pediatric emergency department area, a pediatric intensive care area, appropriate resuscitation equipment, **and includes pediatric trauma in the PIPS program.** **2.16 As reads:** The adult trauma center that treats children reviews the care of injured children through the PIPS program. **Changed to read:** The adult trauma center that **admits** children reviews the care of injured children through the PIPS program. **6.9 As reads:** There is a multidisciplinary peer review committee with participation	

	from general surgery, orthopedic surgery, neurosurgery, emergency medicine, and anesthesia. **Changed to read:** There is a multidisciplinary peer review committee with participation from general surgery, orthopedic surgery, neurosurgery, **if available**, emergency medicine, and anesthesia. **6.11 As reads:** All general surgeons on the trauma team have successfully completed ATLS course at least once. **Changed to read:** All general surgeons on the trauma team have successfully completed ATLS course at least once. Note: Surgeons participating on the trauma call panel prior to 1/1/2008 **must be documented.** **8.9 As reads for level I criteria:** The neurosurgeons that care for trauma patients are board-certified or meet the hospitals credentialing requirements. **Changed to read:** Level III Centers that keep critically ill neurosurgical patients will be required to meet the level I requirements for Neurosurgery.	**To read the same as level I criteria**

	9.11 As reads: The Level III facility has an orthopaedic surgeon on call and promptly available 24 hours per day. **Changed to read:** The Level III facility has an orthopaedic surgeon on call and promptly available **for in house patients**. **11.8 As reads:** In trauma centers without in-house anesthesia services, protocols are in place to ensure timely arrival at the bedside of the anesthesia provider**.** **Changed to read:** In trauma centers without in-house anesthesia services, **anesthesia services will be available within 30 minutes of notification.** **15.2 As reads:** The data are submitted to the National Trauma Data bank. **Changed to read:** The data are submitted to the National Trauma Data bank **and the state of South Carolina.** **16.11 as reads:** The trauma medical director has sufficient authority to set the qualifications for the trauma service members. **Changed to read:** The trauma medical director has sufficient authority to	

	recommend the qualifications for the trauma service members. **16.19 As reads:** There is a multidisciplinary peer review committee with participation by the trauma medical director or designee and representatives from general surgery, orthopaedic surgery, neurosurgery, emergency medicine, and anesthesia. **Changed to read:** There is a multidisciplinary trauma committee with participation by the trauma medical director or designee and representatives from general surgery, orthopedic surgery, neurosurgery, **if available**, emergency medicine, and anesthesia. **16.21 As reads:** The core general surgeon attendance at the trauma peer review committee is 50% or greater. **Changed to read:** The general surgeon attendance at the **multi-disciplinary** trauma peer review committee is 50% or greater. **20.1 As reads:** The hospital meets the disaster-related requirements of JCAHO. **Changed to read:** The hospital **is Joint**	

	Commissioned verified. These recommendations will be forwarded to the level III center for discussion and approval at the next Trauma Advisory Council.	
Next meeting	April 24, 2008	
Adjournment	The meeting was adjourned at 1:00 P.M.	
	.	
